

ARIZONA STATE BOARD OF HEALTH			
BUREAU OF VITAL STATISTICS			
PLACE OF BIRTH		State Index No. <u>181</u>	
County of <u>Pima</u>	ORIGINAL CERTIFICATE OF BIRTH		Co. Registrar's No. <u>157</u>
District of <u>Arizona</u>			Local Registrar's No. _____
Town of <u>Miami</u>			
or			
City of _____	(No. _____)	St. _____	Ward _____
FULL NAME OF CHILD <u>Ignacio Mercados</u>			Born <input checked="" type="checkbox"/> YES
If child is not named, make Supplemental Report on blank obtainable from local registrar.			Alive <input checked="" type="checkbox"/> NO
Sex of Child <u>Male</u>	Twins, Triplet or other _____	and { Number in order of birth <u>5</u> }	Legitimate? <u>yes</u>
			Date of Birth <u>July 31</u> - 191 <u>8</u>
			Month Day Yr.
FATHER		MOTHER	
Full Name <u>Cedilla Mercados</u>	Full Maiden Name <u>Barbara Vasquez</u>		
Residence <u>Miami, Arizona</u>	Residence <u>Miami, Arizona</u>		
Color or Race <u>Mex</u>	Color or Race <u>Mex</u>	Age at last Birthday <u>36</u>	Years
Birthplace <u>Zacatecas, Mexico</u>	Birthplace <u>Zacatecas, Mexico</u>		
Occupation <u>Miner</u>	Occupation <u>Housewife</u>		
Number of child of this Mother <u>5</u>	Number of Children, of this mother, now living <u>3</u>	Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of the above child; and that it occurred on <u>July 31, 1918</u> , at <u>9 A.M.</u>			
*When there is no attending physician or midwife, then the householder should make this return.		Signature <u>Cyril M. Crow M.D.</u>	
		Attending physician, midwife, householder.	
Given or Christian name added from a supplemental report _____ 191 <u>8</u>		Address <u>Miami, Arizona</u>	
<u>946-731-259</u>		<u>W.D. Brayford</u>	
COUNTY REGISTRAR.		LOCAL REGISTRAR.	
Filed <u>May 1</u> 191 <u>9</u>		A True Copy <u>B.G. Joff</u>	
		COUNTY REGISTRAR.	